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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 095400005	•	CITY OR TOWN PAXTON		
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS	YEAR		
LICENSEE NAM	ME: PAXTON PO	ST #306 AMERICAN LEC	GION INC.		
DOING BUSINI	ESS A				
ADDRESS 885 1	PLEASANT ST.				
CITY/TOWN:	PAXTON	STATE: MA	ZIP CODE: 01612		
	SAVAGE, THOMAS SR	TYPE OF LICENSE: Vete	rans club CATEGORY: All Alcohol		
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
	OF LICENSED PRI				
		FAINING 2 ROOMS ON T WHICH IS FOR STORAG	THE MAIN FLOOR, AND A CELLAR GE		
I hereby certify a	and swear under pena	alties of perjury that:			
1. the re	newed license will b	e of the same type for the s	ame premises now licensed;		
2. the lie	censee has complied	with all laws of the Comme	onwealth relating to taxes; and		
3. the pr	remises are now open	n for business (If not explai	n below)		
SIGNED BY					
	Individual, Pa	rtner or Authorized Corpor	ate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
	(Note: NOT Individual Social Security Number)				
Acts of 2004, sig	gned by the buildin	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts		
Please Check Below	<u>:</u>		LOCAL LICENSING AUTHORITY		
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	expiaiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	095400006		CITY OR TOWN	PAXTON	
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS SUNSET	Δ.	OLLEGE			
CITY/TOWN: PAXT	ΓΟΝ	STATE: MA	ZIP CODE:	01612	
MANAGER: Calare	so, Jack P. TY	PE OF LICENSE: Clu	b C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LOUNGES, OFFICES DOWNSTAIRS-POST BE USED AS SOCIA	ICENSED PREMI AINING AN AUDI ,KITCHENETTE, I OFFICE,BOOKS	TORIUM, LIBRARY CHAPLAIN'S SUITE STORE,SNACK BAR	(6) ROOMS 2 ,CAMPUS CENTI ,3 ADJOINING A	CTIVITY RO	OMS TO
2. the licensee	d license will be of has complied with	the same type for the all laws of the Comn business (If not explant	nonwealth relating		
SIGNED BY	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the head	l of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	<i>J</i> 95400007		CITY OR TO	WN PAXION	
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 683 PLEAS CITY/TOWN: PAXT MANAGER: PATEI	PAXTON LIQUESANT ST		ZIP CODI	E: 01612 CATEGORY:	All Alcohol
EMAIL ADDRESS:					
2. the licensee	BLDG CONTAI ear under penalti license will be of has complied wi	INING 3 ROOMS WIT	same premises	now licensed;	
SIGNED BY	Individual, Partn	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC	ENSING AUTH	ORITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 095400009		CITY OR TOWN	PAXTON		
APPLICATION	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2013			
		CLASS		•	YEAR	
LICENSEE NA	AME: PIMENTEL RI	EALTY TRUST CORP.				
DOING BUSIN	NESS A PAXTON MA	ARKET PLACE				
ADDRESS 70	7 PLEASANT STREE	Γ				
CITY/TOWN:	PAXTON	STATE: MA	ZIP CODE:	01612		
MANAGER:	ROBLES, CONSUELO	ΓΥΡΕ OF LICENSE: Pa	ckage Store Ca	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
	N OF LICENSED PRE					
SELLING ARI		G CENTER. TOTAL AR K ROOM AREA 1000 S ONE LOCATION				
I hereby certify	and swear under penal	lties of perjury that:				
1. the	renewed license will be	e of the same type for the	e same premises now	licensed;		
2. the	licensee has complied v	with all laws of the Com	monwealth relating t	o taxes; and		
3. the	premises are now open	for business (If not expl	ain below)			
SIGNED BY						
	Individual, Par	tner or Authorized Corp	orate Officer			
D.A.TE						
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(Note: NOT IIIC	iividuai sociai se	curity Number)	
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	RITY	
APPROVED:			By:			
DISAPPROVE						
(If disapproved	l explain)		-			
DATE:						

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 095400011	(CITY OR TOWN PAXTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	NESS A	ORTS CENTRE, INC		
CITY/TOWN:	3 PLEASANT ST	STATE: MA	ZIP CODE: 01612	
		~		
MANAGER:	GUTERMAN, PETER S.	TYPE OF LICENSE: Club	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
		OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
-	N OF LICENSED PR BEVERAGES UPSTA			
2. the	licensee has complied premises are now ope	be of the same type for the sad with all laws of the Commo en for business (If not explain artner or Authorized Corpora	nwealth relating to taxes; and a below)	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the buildi	ng inspector and the head o	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 095400012		CI	TY OR TOWN	PAXTON		
APPLICATION FO	OR RENEWAL:	Annua	Annual LICENSED FOR 2013				
		CLAS	S			YEAR	
DOING BUSINESS	E: KETTLEBROOK S A KETTLEBROO ARSHALL STREET	K GOLF CLUB					
CITY/TOWN: PA		STATE:	MA	ZIP CODE:	01612		
	RRONE, TY	YPE OF LICENS	SE:Club	(CATEGORY:	All Alcohol	
EMAIL ADDRESS	3:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR F LICENSED PREM		YOUR EMAIL	ADDRESS			
 the rener the licen 	swear under penaltic wed license will be o usee has complied with hises are now open for	f the same type that the all laws of the	for the san Common	wealth relating			
SIGNED BY	Individual, Partne	er or Authorized	Corporate	e Officer			
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT		
Acts of 2004, sign	ed, attest that we are ed by the building in the certificate of	nspector and th	e head of	the fire depar	tment for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] olain)			LOCAL LICEN By:	ISING AUTHO	ORITY	
DATE:			-				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)